



Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

OHI 1717-006

First Named Inventor

Robert E. Arbogast et al.

COMPLETE IF KNOWN

Application Number

10 / 724,526

Filing Date

November 28, 2003

Art Unit

3673

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CUSTOM PROSTHETIC LINER MANUFACTURING SYSTEM AND METHOD

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

11/28/2003

as United States Application Number or PCT International

Application Number

10/724,526

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number
or Bar Code Label



OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert E.

Family Name
or Surname Arbogast

Inventor's
Signature

Robert E. Arbogast

Date DEC 9, '03

Residence: City Mt. Sterling

State Ohio

Country USA

Citizenship USA

Mailing Address 12900 State Route 56

City Mt. Sterling

State Ohio

ZIP 43143

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) James M.

Family Name
or Surname Colvin

Inventor's
Signature

James M. Colvin

Date 12/3/03

Residence: City Hilliard

State Ohio

Country USA

Citizenship USA

Mailing Address 3454 Anchorage Lane

City Hilliard

State Ohio

ZIP 43026

Country USA

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

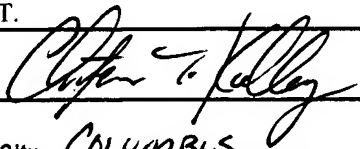
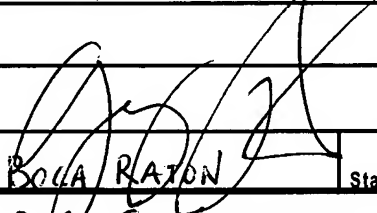


PTO/SB/02A (11-00)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| DECLARATION | | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u> | |
|--|-----------------|---|---------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Christopher T. | | Kelley | |
| Inventor's Signature  | | Date <u>DEC. 2, 2003</u> | |
| Residence: City <u>COLUMBUS</u> | State <u>OH</u> | Country <u>U.S.A.</u> | Citizenship <u>U.S.A.</u> |
| Mailing Address <u>828 DENNISON AVE</u> | | | |
| Mailing Address | | | |
| City <u>COLUMBUS</u> | State <u>OH</u> | ZIP <u>43215</u> | Country <u>U.S.A.</u> |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Greg | | Pratt | |
| Inventor's Signature  | | Date <u>12-31-03</u> | |
| Residence: City <u>BOCA RATON</u> | State <u>FL</u> | Country <u>U.S.A</u> | Citizenship <u>USA</u> |
| Mailing Address <u>2191 SWEETWATER LN</u> | | | |
| Mailing Address | | | |
| City <u>BOCA RATON</u> | State <u>FL</u> | ZIP <u>33428</u> | Country <u>U.S.A</u> |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450